Approved for use through 7/31/2006. OMB 0651-0032
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Ur				persons are requ		to a collection of inf	ormation unle		ys a valid OMB	ımber	٦
			ute for Form PT			10	1733	903			
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL 8	ENTITY	OR -		R THAN ENTITY	
FOR NUMBER FILED			NUMBER EXTRA		RATE	FEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))							s	OR		s]
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =		•			OR	x s =		1
INDEPENDENT CLAIMS (37 CFR 1.16(b))		MS	minus 3 =					OR	x \$ =		1
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						X \$=		OR			1
						+ \$=		1	+ \$=		1
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	L.,	OR	TOTAL		┨
3/, / CLAIMS AS AMENDED - PART II											
(Column 1) (Column 2) (Column 3)				SMALL E	ENTITY	OR		R THAN ENTITY]		
NT A	RCE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ME	Total (37 CFR 1.16(c))	21	Minus	"23	= 1	× \$ <u>25</u> =	1	OR	× \$ 50 =		1
AMENDMENT	Independent (37 CFR 1.16(b))		Minus	<i>" 3</i>	= 1/	x \$ 100 =		OR	× s200 =	· · · · · · · · · · · · · · · · · · ·	1
AM	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))	+ s180 =	/	OR	+ \$ <u>360</u> =] _ /
						TOTAL ADD'L FEE	V	OR	TOTAL ADD'L FEE	790	Pd
		(Column 1)		(Column 2)	(Column 3)			_]
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ME	Total (37 CFR 1.16(c))	•	Minus	**	=	× \$25 =		OR	× \$ 50 =		
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=	× s100 =		OR	× \$200 =		1
AM	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))	+ \$ 180 =		OR	+ \$ 360. =		1
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		1
		(Column 1)		(Column 2)	(Column 3)	1		4			1
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE	-
ME	Total (37 CFR 1.16(c))	*	Minus	**	=	× \$ 25 =		OR	× \$ 50 =		1
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=	x s DD =		OR	× s200 =		1
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 180 =		1			1
TOTAL								OR	+ \$ <u>360</u> =		1
,	t If the entouin ~	nlumn 1 ie laee tha	in the entr	v in column 2 wat	e "O" in column	ADD'L FEE		OR	ADD'L FEE	L	1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.